

EXCEPTION REQUEST FORM

(Insert Agency Name)

Date:

Department of Intellectual and Developmental Disabilities

ATTN: Dr. Rebekah Thomas, Director of Protection from Harm

E-mail requests to: DIDD.Investigation@tn.gov

Requests may be faxed to (615) 532-9940.

RE: Case Number (Example: M1210036)

With regard to the above referenced case, we are requesting an exception for the employee(s) identified as the alleged perpetrator(s) in this investigation. We are requesting staff [insert name(s) of alleged perpetrator(s)] be allowed to continue working during the course of this investigation and be in the presence of the person(s) served who are listed below.

1. Alleged perpetrator(s) name(s) and title
2. Name(s) of all person(s) served with whom alleged perpetrator(s) will have contact. (List full names.)
3. Type of allegation(s) and brief description of the allegation(s).
4. Reason(s) for the request.
5. Safety measures which will be in place to ensure the safety of the person(s) served. Example: Unannounced visits to the home during working hours of the alleged perpetrator(s) will be conducted.
6. Please attach written consent for the alleged perpetrator(s) to return to work. We must have written, dated statements from the legal representative/family member (or, if unavailable, ISC) of each person(s) served with whom the staff will be working.

Agency Director or Designee

Date

Note: Our Protocol requires that requests come from the Executive Director of the agency or his/her designee. If requests are submitted by an agency's designee, the Executive Director must be copied on the e-mail. By copying the Executive Director on the e-mail, we are assured that he/she is aware of your agency's request.